



Town of Mashpee

Board of Health
16 Great Neck Road North
Mashpee, Massachusetts 02649
(508) 539-1426

Permit #: _____

Fee: **\$50.00**

APPLICATION FOR WELL INSTALLATION PERMIT

Application for a permit to: ☐ Construct ☐ Abandon ☐ Replace

Well Type: ☐ Potable Water Well ☐ Irrigation Water Well

Please attach a Plot Plan indicating the proposed well location, septic location, and abutter's septic locations. **REQUIRED SETBACKS: POTABLE WELL = 150 FEET, IRRIGATION WELL = 25 FEET.**

Well Driller's Name: _____

Address: _____

Telephone #: _____

Massachusetts Well Drillers Registration #: _____

Owner's Name: _____

Property Address: _____

The undersigned agrees to install the well in accordance with the Mashpee Board of Health Private Well Regulations and the Commonwealth of Massachusetts Regulations 310 CMR 3.00.

Post-Installation Requirements: Submit Well Sample Results and Completion Log with swing-ties to Board of Health. ☐ VOC Testing Required

Well Driller's Signature: _____

Date: _____

Approved By: _____

Date:
